



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing  
OR  
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **US030347**  
First Named Inventor **M. VAN DER SCHAAER**

**COMPLETE IF KNOWN**

Application Number /  
Filing Date  
Group Art Unit  
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR PROVIDING VIDE CONTENT AND CONCEALMENT  
DEPENDENT ERROR PROTECTION AND SCHEDULING ALGORITHMS**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on

**September 23, 2003**

as United States Application Number or PCT International

Application Number **60/505222** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

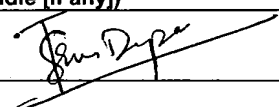
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input type="checkbox"/> Correspondence address below
<b>Philips Electronics North America Corporation</b>					
<b>Name</b>					
<b>345 SCARBOROUGH ROAD</b>					
<b>Address</b>					
<b>BRIARCLIFF MANOR</b>		<b>NY</b>		<b>10510-5190</b>	
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>U.S.A.</b>		<b>(914)332-0222</b>		<b>(914) 332-0615</b>	
<b>Country</b>		<b>Telephone</b>		<b>Fax</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>			
Mihaela		VAN DER SCHAAR			
<b>Inventor's Signature</b>		<i>Van der Schaar</i>		<b>Date</b>	
Sacramento		CA		USA	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
NL		USA			
<b>Citizenship</b>		<b>Country</b>			
2631 First Street					
<b>Mailing Address</b>					
Sacramento		CA		95816	
<b>City</b>		<b>State</b>		<b>Zip</b>	
USA		USA			
<b>Country</b>		<b>Country</b>			
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>			
Deepak		TURAGA			
<b>Inventor's Signature</b>				<b>Date</b>	
Elmsford		NY		USA	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
IN		USA			
<b>Citizenship</b>		<b>Country</b>			
276 Nob Hill Drive					
<b>Mailing Address</b>					
Elmsford		NY		10523	
<b>City</b>		<b>State</b>		<b>Zip</b>	
USA		USA			
<b>Country</b>		<b>Country</b>			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div>*24737*</div>	OR	<input type="checkbox"/> Correspondence address below
<b>Philips Electronics North America Corporation</b>					
Name					
345 SCARBOROUGH ROAD					
Address					
BRIARCLIFF MANOR		NY	10510-5190		
City		State	ZIP		
U.S.A.		(914)332-0222	(914) 332-0615		
Country		Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Mihaela		Family Name or Surname	
				VAN DER SCHAAR	
Inventor's Signature				Date	
Sacramento		CA	USA	NL	
Residence: City		State	Country	Citizenship	
2631 First Street					
Mailing Address					
Sacramento		CA	95816	USA	
City		State	Zip	Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Deepak		Family Name or Surname	
				TURAGA	
Inventor's Signature				Date	
				MARCH 29, 2006	
Elmsford		NY	USA	IN	
Residence: City		State	Country	Citizenship	
276 Nob Hill Drive					
Mailing Address					
Elmsford		NY	10523	USA	
City		State	Zip	Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					